

AFC UNIT_____

A130.1110

EQUIPMENT FUEL LOG

(ATV, Chainsaw, Drip Torch, Lawn Mower, etc.)

COUNTY _____

MONTH_____

YEAR _____

CARD#_____

[illegible]

I certify I reviewed this monthly equipment fuel log and verify the appropriate receipts are attached.

Unit Supervisor Signature

Date

05/21/2013